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TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * Welcome to STN International * * * * *

NEWS 1 Web Page URLs for STN Seminar Schedule - N. America
NEWS 2 "Ask CAS" for self-help around the clock
NEWS 3 FEB 25 CA/CAPLUS - Russian Agency for Patents and Trademarks
(ROSPATENT) added to list of core patent offices covered
NEWS 4 FEB 28 PATDPAFULL - New display fields provide for legal status
data from INPADOC
NEWS 5 FEB 28 BABS - Current-awareness alerts (SDIs) available
NEWS 6 FEB 28 MEDLINE/LMEDLINE reloaded
NEWS 7 MAR 02 GBFULL: New full-text patent database on STN
NEWS 8 MAR 03 REGISTRY/ZREGISTRY - Sequence annotations enhanced
NEWS 9 MAR 03 MEDLINE file segment of TOXCENTER reloaded
NEWS 10 MAR 22 KOREAPAT now updated monthly; patent information enhanced
NEWS 11 MAR 22 Original IDE display format returns to REGISTRY/ZREGISTRY
NEWS 12 MAR 22 PATDPASPC - New patent database available
NEWS 13 MAR 22 REGISTRY/ZREGISTRY enhanced with experimental property tags
NEWS 14 APR 04 EPFULL enhanced with additional patent information and new
fields
NEWS 15 APR 04 EMBASE - Database reloaded and enhanced
NEWS 16 APR 18 New CAS Information Use Policies available online
NEWS 17 APR 25 Patent searching, including current-awareness alerts (SDIs),
based on application date in CA/CAPLUS and USPATFULL/USPAT2
may be affected by a change in filing date for U.S.
applications.
NEWS 18 APR 28 Improved searching of U.S. Patent Classifications for
U.S. patent records in CA/CAPLUS

NEWS EXPRESS JANUARY 10 CURRENT WINDOWS VERSION IS V7.01a, CURRENT
MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
AND CURRENT DISCOVER FILE IS DATED 10 JANUARY 2005

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* * * * * STN Columbus * * * * *

FILE 'HOME' ENTERED AT 09:28:32 ON 06 MAY 2005

=> file registry
COST IN U.S. DOLLARS

SINCE FILE ENTRY	TOTAL SESSION
0.21	0.21

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STRUCTURE FILE UPDATES: 5 MAY 2005 HIGHEST RN 849903-59-9
DICTIONARY FILE UPDATES: 5 MAY 2005 HIGHEST RN 849903-59-9

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TSCA INFORMATION NOW CURRENT THROUGH JANUARY 18, 2005

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*
* The CA roles and document type information have been removed from *
* the IDE default display format and the ED field has been added, *
* effective March 20, 2005. A new display format, IDERL, is now *
* available and contains the CA role and document type information. *
*

Crossover limits have been increased. See HELP CROSSOVER for details.

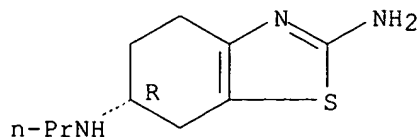
Experimental and calculated property data are now available. For more information enter HELP PROP at an arrow prompt in the file or refer to the file summary sheet on the web at:
<http://www.cas.org/ONLINE/DBSS/registryss.html>

=> s pramipexole
L1 4 PRAMIPEXOLE

=> d scan

L1 4 ANSWERS REGISTRY COPYRIGHT 2005 ACS on STN
IN 2,6-Benzothiazolodiamine, 4,5,6,7-tetrahydro-N6-propyl-, (6R)- (9CI)
MF C10 H17 N3 S
CI COM

Absolute stereochemistry. Rotation (+).



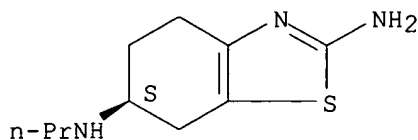
PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):3

L1 4 ANSWERS REGISTRY COPYRIGHT 2005 ACS on STN

IN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, dihydrochloride,
monohydrate, (6S)- (9CI)
MF C10 H17 N3 S . 2 Cl H . H2 O

Absolute stereochemistry. Rotation (-).

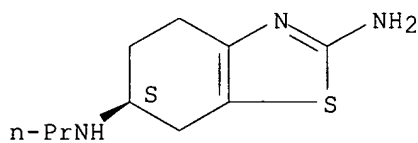


● 2 HCl

● H₂O

L1 4 ANSWERS REGISTRY COPYRIGHT 2005 ACS on STN
IN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, dihydrochloride,
(6S)- (9CI)
MF C10 H17 N3 S . 2 Cl H

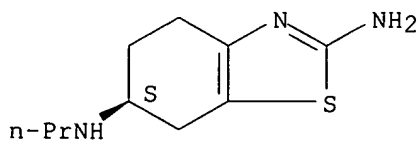
Absolute stereochemistry. Rotation (-).



● 2 HCl

L1 4 ANSWERS REGISTRY COPYRIGHT 2005 ACS on STN
IN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, (6S)- (9CI)
MF C10 H17 N3 S
CI COM

Absolute stereochemistry. Rotation (-).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

ALL ANSWERS HAVE BEEN SCANNED

=> file medline caplus biosis uspatfull embase
COST IN U.S. DOLLARS

SINCE FILE	TOTAL
ENTRY	SESSION
5.46	5.67

FULL ESTIMATED COST

FILE 'MEDLINE' ENTERED AT 09:30:19 ON 06 MAY 2005

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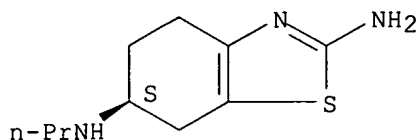
FILE 'EMBASE' ENTERED AT 09:30:19 ON 06 MAY 2005
COPYRIGHT (C) 2005 Elsevier Inc. All rights reserved.

=> s l1
L2 2319 L1

=> d l1
YOU HAVE REQUESTED DATA FROM FILE 'REGISTRY' - CONTINUE? (Y)/N:y

L1 ANSWER 1 OF 4 REGISTRY COPYRIGHT 2005 ACS on STN
RN 191217-81-9 REGISTRY
ED Entered STN: 16 Jul 1997
CN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, dihydrochloride,
monohydrate, (6S)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, dihydrochloride,
monohydrate, (S)-
OTHER NAMES:
CN Mirapex
CN **Pramipexole dihydrochloride monohydrate**
FS STEREOSEARCH
MF C10 H17 N3 S . 2 Cl H . H2 O
SR US Adopted Names Council (USAN)
LC STN Files: BIOSIS, CA, CAPLUS, IMSPATENTS, IMSRESEARCH, PATDPASPC, PS,
RTECS*, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)
CRN (104632-26-0)

Absolute stereochemistry. Rotation (-).



● 2 HCl

● H₂O

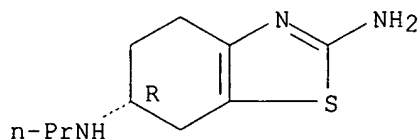
16 REFERENCES IN FILE CA (1907 TO DATE)
16 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> d 11 2-4

YOU HAVE REQUESTED DATA FROM FILE 'REGISTRY' - CONTINUE? (Y)/N:y

L1 ANSWER 2 OF 4 REGISTRY COPYRIGHT 2005 ACS on STN
RN 104632-28-2 REGISTRY
ED Entered STN: 11 Oct 1986
CN 2,6-Benzothiazolodiamine, 4,5,6,7-tetrahydro-N6-propyl-, (6R)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2,6-Benzothiazolodiamine, 4,5,6,7-tetrahydro-N6-propyl-, (R)-
OTHER NAMES:
CN **R-(+)-Pramipexole**
FS STEREOSEARCH
MF C10 H17 N3 S
CI COM
SR CA
LC STN Files: BEILSTEIN*, CA, CAPLUS, IMSPATENTS, IMSRESEARCH, PROUSDDR, SYNTHLINE, TOXCENTER, USPAT2, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry. Rotation (+).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

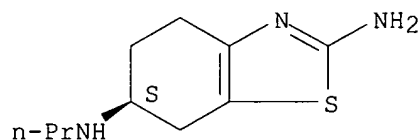
11 REFERENCES IN FILE CA (1907 TO DATE)
11 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L1 ANSWER 3 OF 4 REGISTRY COPYRIGHT 2005 ACS on STN
RN 104632-26-0 REGISTRY
ED Entered STN: 11 Oct 1986
CN 2,6-Benzothiazolodiamine, 4,5,6,7-tetrahydro-N6-propyl-, (6S)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2,6-Benzothiazolodiamine, 4,5,6,7-tetrahydro-N6-propyl-, (S)-

OTHER NAMES:

CN **(-)-Pramipexole**
 CN **Pramipexole**
 CN Sifrol
 CN SND 919
 CN SUD 919CL2Y
 CN U 98528E
 FS STEREOSEARCH
 MF C10 H17 N3 S
 CI COM
 SR CA
 LC STN Files: ADISINSIGHT, ADISNEWS, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CBNB, CHEMCATS, CIN, CSCHEM, DDFU, DIOGENES, DRUGU, EMBASE, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MEDLINE, MRCK*, PATDPASPC, PHAR, PROMT, PROUSDDR, PS, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
 (*File contains numerically searchable property data)
 Other Sources: WHO

Absolute stereochemistry. Rotation (-).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

306 REFERENCES IN FILE CA (1907 TO DATE)
 7 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
 307 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L1 ANSWER 4 OF 4 REGISTRY COPYRIGHT 2005 ACS on STN
 RN 104632-25-9 REGISTRY
 ED Entered STN: 11 Oct 1986
 CN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, dihydrochloride, (6S)- (9CI) (CA INDEX NAME)

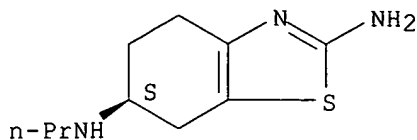
OTHER CA INDEX NAMES:

CN 2,6-Benzothiazolediamine, 4,5,6,7-tetrahydro-N6-propyl-, dihydrochloride, (S)-

OTHER NAMES:

CN **Pramipexole dihydrochloride**
 CN **Pramipexole hydrochloride**
 CN SND 19
 FS STEREOSEARCH
 MF C10 H17 N3 S . 2 Cl H
 SR CA
 LC STN Files: BEILSTEIN*, BIOSIS, CA, CAPLUS, CASREACT, CHEMCATS, DIOGENES, IMSPATENTS, IMSRESEARCH, IPA, MRCK*, PATDPASPC, PROUSDDR, PS, RTECS*, SYNTHLINE, TOXCENTER, USPAT2, USPATFULL
 (*File contains numerically searchable property data)
 CRN (104632-26-0)

Absolute stereochemistry. Rotation (-).



● 2 HCl

26 REFERENCES IN FILE CA (1907 TO DATE)
26 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> s sleep or insomnia
L3 255474 SLEEP OR INSOMNIA

=> s 12 and 13
L4 403 L2 AND L3

=> s 12 (s) 13
L5 6 L2 (S) L3

=> dup rem 15
PROCESSING COMPLETED FOR L5
L6 6 DUP REM L5 (0 DUPLICATES REMOVED)

=> d ibib abs 5-6

L6 ANSWER 5 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2001:369431 CAPLUS
DOCUMENT NUMBER: 135:220516
TITLE: Sleep disorders in patients with Parkinson's disease:
Epidemiology and management
AUTHOR(S): Larsen, Jan P.; Tandberg, Elise
CORPORATE SOURCE: Department of Neurology, Central Hospital of Rogaland,
Stavanger, Norway
SOURCE: CNS Drugs (2001), 15(4), 267-275
CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 48 refs. Patients with Parkinson's disease can experience a number of sleep disorders, including insomnia, parasomnias and daytime somnolence [specifically, excessive daytime sleepiness (EDS) and sleep attacks]. Insomnia is a frequent and important complaint of patients with the disease. Both the pathol. of Parkinson's disease and dopaminergic drugs may contribute to the much higher than expected frequency of sleep fragmentation and disrupted sleep among these patients. In addition, coexisting depression seems to be a major and frequent risk factor for insomnia in Parkinson's disease. After recognizing a sleep problem, the first step in management is to examine and diagnose the type of insomnia and possible medical or psychol. factors that may disturb nocturnal sleep. The next step is to give the patient appropriate advice on sleep hygiene. Increasing the dosage of dopaminergic drug treatment will often increase sleep disruption and should be avoided unless the patient's sleep is primarily disturbed by the motor manifestations of parkinsonism during the night. Depression should be looked for and if appropriate be treated in any patients with insomnia. If it becomes necessary to treat the patient with an hypnosedative agent, it is important to use a drug with a short half-life and that manifests as few adverse effects as possible the next morning. Up-to-date guidelines for the use of hypnosedatives should be followed. Patients with Parkinson's disease experience a wide range of

parasomnias. The majority of behaviors may be related to rapid eye movement (REM) sleep behavior disorder (RBD) or to a spectrum of symptoms ranging from vivid dreaming to psychosis. RBD is effectively treated with clonazepam. In addition, the atypical antipsychotics have given physicians new and better treatment options for psychotic symptoms in individuals with Parkinson's disease. EDS is common in Parkinson's disease, while sleep attacks seem to be rare manifestations of the disease or its treatment. Significant EDS is found in 15% of patients with Parkinson's disease compared with in 1% of healthy elderly people. Sleep attacks are observed in patients treated with all dopaminergic medications but have recently been brought to prominence because of their association with the newer dopamine agonists ropinirole and pramipexole. Patients with Parkinson's disease should be informed about the possibility of developing sleep problems during the day when prescribed new drugs. Appropriate actions with regard to driving must be taken if significant and persistent daytime somnolence or sleep attacks appear.

REFERENCE COUNT: 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 6 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 1998:195931 CAPLUS

DOCUMENT NUMBER: 129:452

TITLE: Effects of the D3 preferring dopamine agonist pramipexole on sleep and waking, locomotor activity and striatal dopamine release in rats

AUTHOR(S): Lagos, Patricia; Scorza, Cecilia; Monti, Jaime M.; Jantos, Hector; Reyes-Parada, Miguel; Silveira, Rodolfo; Ponzoni, Ana

CORPORATE SOURCE: Division of Cellular Biology, Institute of Biological Sciences 'Clemente Estable', Montevideo, 11600, Urug.

SOURCE: European Neuropsychopharmacology (1998), 8(2), 113-120
CODEN: EURNE8; ISSN: 0924-977X

PUBLISHER: Elsevier Science B.V.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Quantitation of 2 h sessions after administration of the D3 preferring dopamine (DA) agonist pramipexole (10-500 µg/kg) showed dose-related effects on wakefulness (W), slow wave sleep (SWS) and REM sleep in rats. The 30 µg/kg dose of the DA agonist increased SWS and REM sleep and reduced W during the first recording hour, while the 500 µg/kg dose augmented W. On the other hand, W was increased while SWS and REMS were decreased after the 500 µg/kg dose during the second recording hour. The mixed D2- and D3 receptor antagonist YM-09151-2 (30-500 µg/kg), which per se affected sleep variables prevented the increase of REMS induced by pramipexole. Furthermore, the highest doses (500-1000 µg/kg) of the DA antagonist effectively antagonized the increase of W and reduction of SWS induced by the 500 µg/kg dose of the DA agonist. Pramipexole (30-100 µg/kg) induced a decrease of locomotor activity during the 2 h recording period. In addition, the 500 µg/kg dose gave rise to an initial reduction of motor behavior which was reverted 2 h later. Pramipexole (30 and 500 µg/kg) did not significantly affect striatal DA release during the first two hours following drug administration, as measured by microdialysis. It is tentatively suggested that D3 receptor could be involved in the pramipexole-induced increase of sleep and reduction of locomotor activity. On the other hand, the increase of W and of motor behavior after relatively high doses could be related to activation of postsynaptic D2 receptor.

REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d ibib abs 1-4

L6 ANSWER 1 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2004:462949 CAPLUS

DOCUMENT NUMBER: 142:32881
 TITLE: Low-Dose Pramipexole in the Management of Restless
 Legs Syndrome
 AUTHOR(S): Stiasny-Kolster, Karin; Oertel, Wolfgang H.
 CORPORATE SOURCE: Department of Neurology, Center of Nervous Diseases,
 Philipps University, Marburg, DE-35033, Germany
 SOURCE: Neuropsychobiology (2004), 50(1), 65-70
 CODEN: NPBAL; ISSN: 0302-282X
 PUBLISHER: S. Karger AG
 DOCUMENT TYPE: Journal
 LANGUAGE: English

AB Dopaminergic agents are considered the treatment of choice for restless
 legs syndrome (RLS); levodopa is the only substance licensed for this
 disorder in some European countries. However, in a substantial proportion
 of patients symptoms are not adequately controlled for a whole night due
 to the short half-life of levodopa or because symptom augmentation may
 develop. To further investigate the impact of pramipexole on the
 management of RLS we performed a short-term open label trial with
 pramipexole in 17 patients who were being insufficiently treated with
 levodopa or for whom pramipexole was primarily being considered because of
 the severity of the RLS symptoms. A single dose of 0.125-0.75 mg
 pramipexole (mean 0.3 ± 0.2 mg) in the evening resulted in a
 significant improvement of subjective RLS symptoms as rated by the
 International RLS Study Group Severity Scale (IRLS scores: 29.8 ± 4.7
 baseline vs. 7.3 ± 5.9 endpoint; p = 0.0001). Polysomnog. recordings
 showed a significant improvement of the periodic leg movements (PLM)
 index, PLM sleep arousal index, sleep-onset latency, total sleep time and
 sleep efficiency. All patients who had developed a worsening of RLS
 symptoms under levodopa recovered from daytime symptoms after their
 medication was switched to pramipexole. Since pramipexole was well
 tolerated, an ideal dosage to control RLS symptoms could be reached
 rapidly. Pramipexole has proven a suitable alternative in patients with
 moderate to severe RLS, particularly when their therapy has to be switched
 to a dopamine agonist.

REFERENCE COUNT: 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS
 RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN
 ACCESSION NUMBER: 2002:695785 CAPLUS
 DOCUMENT NUMBER: 137:210973
 TITLE: Administration of sleep restorative agents and
 efficacy of drug therapy
 INVENTOR(S): Holman, Andrew
 PATENT ASSIGNEE(S): USA
 SOURCE: PCT Int. Appl., 44 pp.
 CODEN: PIXXD2
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 1
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002069974	A1	20020912	WO 2002-US6786	20020305
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
US 2002165246	A1	20021107	US 2002-91744	20020305
PRIORITY APPLN. INFO.:			US 2001-273667P	P 20010305

OTHER SOURCE(S): MARPAT 137:210973

AB The present invention provides methods and compns. for increasing the efficacy of a therapeutic agent administered to a subject. A sleep restorative agent is co-administered to the subject along with the therapeutic agent, whereby the efficacy of the therapeutic agent is increased.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 3 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2002:559474 CAPLUS

DOCUMENT NUMBER: 137:118948

TITLE: Sleep attacks in patients taking dopamine agonists: Review

AUTHOR(S): Homann, Carl Nikolaus; Wenzel, Karoline; Suppan, Klaudia; Ivanic, Gerd; Kriechbaum, Norbert; Crevenna, Richard; Ott, Erwin

CORPORATE SOURCE: Department of Neurology, Karl Franzens University Hospital, Graz, A-8036, Austria

SOURCE: BMJ [British Medical Journal] (2002), 324(7352), 1483-1487

CODEN: BMJBFE; ISSN: 0959-8146

PUBLISHER: BMJ Publishing Group

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. To assess the evidence for the existence and prevalence of sleep attacks in patients taking dopamine agonists for Parkinson's disease, the type of drugs implicated, and strategies for prevention and treatment. Review of publications between July 1999 and May 2001 in which sleep attacks or narcoleptic-like attacks were discussed in patients with Parkinson's disease. 124 Patients with sleep events were found in 20 publications. Overall, 6.6% of patients taking dopamine agonists who attended movement disorder centers had sleep events. Men were over-represented. Sleep events occurred at both high and low doses of the drugs, with different durations of treatment (0-20 yr), and with or without preceding signs of tiredness. Sleep attacks are a class effect, having been found in patients taking the following dopamine agonists: levodopa (monotherapy in 8 patients), ergot agonists (apomorphine in 2 patients, bromocriptine in 13, cabergoline in 1, lisuride or priribedil in 23, pergolide in 5,) and non-ergot agonists (pramipexole in 32, ropinirole in 38). Reports suggest two distinct types of events: those of sudden onset without warning and those of slow onset with prodrome drowsiness. Insufficient data are available to provide effective guidelines for prevention and treatment of sleep events in patients taking dopamine agonists for Parkinson's disease. Prospective population based studies are needed to provide this information.

REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 4 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2002:156893 CAPLUS

DOCUMENT NUMBER: 136:335151

TITLE: The association of dopamine agonists with daytime sleepiness, sleep problems and quality of life in patients with Parkinson's disease - A prospective study

AUTHOR(S): Happe, Svenja; Berger, Klaus

CORPORATE SOURCE: Department of Neurology, University of Muenster, Muenster, 48129, Germany

SOURCE: Journal of Neurology (2001), 248(12), 1062-1067

CODEN: JNRYA9; ISSN: 0340-5354

PUBLISHER: Steinkopff Verlag

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Reports that dopamine agonists (DA) precipitate sudden daytime sleep episodes in

Parkinson's disease (PD) patients have received widespread attention. It remains unclear if nonergoline and ergoline DAs have differential sedating effects or if sedation rather represents a class effect of DAs. This study evaluated sleep disturbances and the quality of life (QoL) in PD patients with different dopaminergic treatment strategies. PD patients were evaluated twice, before and after 1 yr of follow-up, using standardized and validated questionnaires. The impact of treatment strategies on sleep problems, daytime sleepiness, bad dreams and hallucinations, depression and QoL in PD patients was analyzed sep. for ergoline DAs, nonergoline DAs and the patient group taking no DA. Before evaluation, sleep problems were reported by about one-third of the patients with and without DA medication. Excessive day-time sleepiness (EDS) was higher in the two DA groups (ergoline 11.9%, nonergoline 9.1%) than among patients not taking DAs (4.5%). At follow-up, sleep problems in general had decreased among patients taking DAs continuously and among those newly taking DAs, while the sleep problems increased in patients discontinuing DAs. However, effective dosages had increased 25% in patients newly taking DAs, and decreased 15.9% in those taking them continuously. QoL scores at follow-up were slightly increased in the patient groups newly taking and discontinuing DAs (the latter except in phys. functioning), while those on continuing DA medication remained unchanged. No differential effects between ergoline or nonergoline DAs on sleep problems were found. Different dopaminergic treatment strategies did not influence QoL. The results support the evidence that sedation may be rather a class effect of DAs.

REFERENCE COUNT: 37 THERE ARE 37 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> s fibromyalgia or pain
L7 751998 FIBROMYALGIA OR PAIN

=> d his

(FILE 'HOME' ENTERED AT 09:28:32 ON 06 MAY 2005)

FILE 'REGISTRY' ENTERED AT 09:28:50 ON 06 MAY 2005
L1 4 S PRAMIPEXOLE

FILE 'MEDLINE, CAPLUS, BIOSIS, USPATFULL, EMBASE' ENTERED AT 09:30:19 ON 06 MAY 2005
L2 2319 S L1

FILE 'REGISTRY' ENTERED AT 09:31:05 ON 06 MAY 2005

FILE 'MEDLINE, CAPLUS, BIOSIS, USPATFULL, EMBASE' ENTERED AT 09:31:05 ON 06 MAY 2005

FILE 'REGISTRY' ENTERED AT 09:31:22 ON 06 MAY 2005

FILE 'MEDLINE, CAPLUS, BIOSIS, USPATFULL, EMBASE' ENTERED AT 09:31:23 ON 06 MAY 2005
L3 255474 S SLEEP OR INSOMNIA
L4 403 S L2 AND L3
L5 6 S L2 (S) L3
L6 6 DUP REM L5 (0 DUPLICATES REMOVED)
L7 751998 S FIBROMYALGIA OR PAIN

=> s l4 andl7
MISSING OPERATOR L4 ANDL7
The search profile that was entered contains terms or nested terms that are not separated by a logical operator.

=> s l4 and l7
L8 53 L4 AND L7

=> dup rem
ENTER L# LIST OR (END):18
PROCESSING COMPLETED FOR L8
L9 49 DUP REM L8 (4 DUPLICATES REMOVED)

=> d ibib abs 48-49

L9 ANSWER 48 OF 49 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2000214611 EMBASE
TITLE: Use of tramadol to control restless legs syndrome after
orthopedic surgery.
AUTHOR: Burns K.E.
CORPORATE SOURCE: K.E. Burns, Dearborn County Hospital, 600 Wilson Creek
Road, Lawrenceburg, IN 47025, United States. kburns@dch.org
SOURCE: Hospital Pharmacy, (2000) Vol. 35, No. 6, pp. 672-673.
Refs: 6
ISSN: 0018-5787 CODEN: HOPHAZ
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 033 Orthopedic Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20000713
Last Updated on STN: 20000713

AB A patient with a history of severe osteoarthritis and restless legs
syndrome (RLS), who had recently undergone orthopedic surgery, began to
experience the involuntary movement and **pain** associated with
RLS. These symptoms, which also deprived the patient of **sleep**,
complicated her postsurgical rehabilitation. The onset of symptoms
coincided with attempts to discontinue her opiate analgesic regimen. The
patient was evaluated; no significant comorbid conditions or drug
therapies that might have aggravated her RLS symptoms were noted. After a
discussion of the risks and benefits of the pharmacologic options, it was
decided that Tramadol was the best therapy for this patient. A follow-up
review of the patient's clinical course at 7, 30, and 60 days showed that
Tramadol was quite effective in controlling her RLS symptoms and joint
pain.

L9 ANSWER 49 OF 49 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
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ACCESSION NUMBER: 2000223860 EMBASE
TITLE: Evaluation and management of **insomnia** in
menopause.
AUTHOR: Jones C.R.; Czajkowski L.
CORPORATE SOURCE: Dr. C.R. Jones, Department of Neurology, Univ. of Utah
School of Medicine, 50 North Medical Drive, Salt Lake City,
UT 84132, United States
SOURCE: Clinical Obstetrics and Gynecology, (2000) Vol. 43, No. 1,
pp. 184-197.
Refs: 16
ISSN: 0009-9201 CODEN: COGYAK
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 008 Neurology and Neurosurgery
010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20000713
Last Updated on STN: 20000713

AB Insomnia is a problem with complex and multifactorial etiologies that requires both standardized and individualized treatment interventions. Specific targets of treatment may include hyperarousal, poor **sleep** habits, underlying mood disorders, sedative overuse, **pain** and general medical problems, circadian dysrhythmias, **sleep** apnea, and restless legs syndrome. Optimal treatment also will incorporate stress management, coping strategies, enhancement of relationships, and promoting lifestyle changes that facilitate **sleep**.

=> d kwic 48-49

L9 ANSWER 48 OF 49 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
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AB . . . severe osteoarthritis and restless legs syndrome (RLS), who had recently undergone orthopedic surgery, began to experience the involuntary movement and **pain** associated with RLS. These symptoms, which also deprived the patient of **sleep**, complicated her postsurgical rehabilitation. The onset of symptoms coincided with attempts to discontinue her opiate analgesic regimen. The patient was. . . course at 7, 30, and 60 days showed that Tramadol was quite effective in controlling her RLS symptoms and joint **pain**.

RN. . . 549-49-5, 60-93-5, 7549-43-1; (levodopa) 59-92-7; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (clonazepam) 1622-61-3; (alprazolam) 28981-97-7; (temazepam) 846-50-4; (pergolide) 66104-22-1; (bromocriptine) 25614-03-3; (pramipexole) **104632-26-0**; (carbamazepine) 298-46-4, 8047-84-5; (gabapentin) 60142-96-3; (dextropropoxyphene) 1639-60-7, 469-62-5; (codeine) 76-57-3; (oxycodone) 124-90-3, 76-42-6; (methadone) 1095-90-5, 125-56-4, 23142-53-2, 297-88-1, 76-99-3; (levorphanol). . .

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on STN

TI Evaluation and management of **insomnia** in menopause.

AB **Insomnia** is a problem with complex and multifactorial etiologies that requires both standardized and individualized treatment interventions. Specific targets of treatment may include hyperarousal, poor **sleep** habits, underlying mood disorders, sedative overuse, **pain** and general medical problems, circadian dysrhythmias, **sleep** apnea, and restless legs syndrome. Optimal treatment also will incorporate stress management, coping strategies, enhancement of relationships, and promoting lifestyle changes that facilitate **sleep**.

CT Medical Descriptors:

*insomnia: DI, diagnosis

*insomnia: DT, drug therapy

*insomnia: PC, prevention

*menopause

fatigue

drug contraindication

disease predisposition

sleep

exercise

cognitive defect: SI, side effect

relaxation training

affective neurosis

sleep waking cycle

sleep apnea syndrome: DI, diagnosis

restless legs syndrome: DI, diagnosis

restless legs syndrome: DT, drug therapy

restless legs syndrome: EP, epidemiology

lifestyle

human

nonhuman

review

hypnotic sedative agent:. . .
RN (alcohol) 64-17-5; (caffeine) 30388-07-9, 58-08-2; (nicotine) 54-11-5;
(zaleplon) 151319-34-5; (zolpidem) 82626-48-0; (lorazepam) 846-49-1;
(temazepam) 846-50-4; (flurazepam) 1172-18-5, 17617-23-1; (pramipexole)
104632-26-0; (pergolide) 66104-22-1; (gabapentin) 60142-96-3;
(hydrocodone) 125-29-1, 25968-91-6, 34366-67-1; (methadone) 1095-90-5,
125-56-4, 23142-53-2, 297-88-1, 76-99-3; (clonazepam) 1622-61-3; (opiate)
53663-61-9, 8002-76-4, 8008-60-4

=> d ibib abs 45-47

L9 ANSWER 45 OF 49 USPATFULL on STN
ACCESSION NUMBER: 2001:136678 USPATFULL
TITLE: Use of dopamine D2/D3 receptor agonists to treat
fibromyalgia
INVENTOR(S): Holman, Andrew J., 19658 Marine View Dr., SW., Seattle,
WA, United States 98166

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 6277875	B1	20010821
APPLICATION INFO.:	US 2000-617177		20000717 (9)
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	GRANTED		
PRIMARY EXAMINER:	Fay, Zohreh		
ASSISTANT EXAMINER:	Kwon, Brian-Yong		
LEGAL REPRESENTATIVE:	Christensen O'Connor Johnson Kindness PLLC		
NUMBER OF CLAIMS:	5		
EXEMPLARY CLAIM:	1		
LINE COUNT:	787		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The present invention is directed to metho s for the treatment of human patients afflicted with **fibromyalgia** using a non-ergot dopamine receptor D2/D3 agonist. In particular, patients are treated with a therapeutically effective amount of tetrahydro-benzthiazole or 3(H)-indolone compounds that are dopamine agonists. More specifically, the compounds 2-amino-6-n-propylamino-4,5,6,7-tetrahydrobenzo-thiazole or 4-[2-(dipropylamino)-ethyl]-1,3-dihydro-2H-indol-2-one are administered to **fibromyalgia** patients to reduce the musculoskeletal **pain** symptoms associated with **fibromyalgia**.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L9 ANSWER 46 OF 49 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 2002:73693 BIOSIS
DOCUMENT NUMBER: PREV200200073693
TITLE: Abnormal daytime somnolence, "**sleep** attacks", and antiparkinson drugs.
Original Title: Somnolence diurne anormale, "attaques de sommeil" et medicaments antiparkinsoniens.
AUTHOR(S): Rascol, O. [Reprint author]; Ferreira, J.; Montastruc, J.-L.
CORPORATE SOURCE: Faculte de Medecine, Laboratoire de Pharmacologie Medicale et Clinique, 37, Allee J. Guesde, 31073, Toulouse Cedex, France
SOURCE: Revue Neurologique (Paris), (Octobre, 2001) Vol. 157, No. 10, pp. 1313-1323. print.
CODEN: RENEAM. ISSN: 0035-3787.
DOCUMENT TYPE: Article
LANGUAGE: French
ENTRY DATE: Entered STN: 16 Jan 2002
Last Updated on STN: 25 Feb 2002

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on STN

ACCESSION NUMBER: 2002216381 EMBASE
TITLE: Health-related quality of life in Parkinson's disease:
Outcomes of the therapeutic interventions.
AUTHOR: Martinez-Martin P.
CORPORATE SOURCE: P. Martinez-Martin, Section of Neuroepidemiology, Centro
Nacional de Epidemiologia, Instituto de Salud Carlos III,
C/Sinesio Delgado 4, 28029 Madrid, Spain.
pmartinez@isciii.es
SOURCE: Expert Review of Pharmacoeconomics and Outcomes Research,
(2001) Vol. 1, No. 1, pp. 99-108.
Refs: 69
ISSN: 1473-7167 CODEN: ERPOBB
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 008 Neurology and Neurosurgery
017 Public Health, Social Medicine and Epidemiology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20020708
Last Updated on STN: 20020708

AB Main reasons for measuring health-related quality of life (QoL) are: 1)
the unique information supplied by QoL measures, 2) the relationship
between perceived health and use of resources and 3) the usefulness for
evaluation of outcome and decision making. As Parkinson's disease impacts
strongly on the life of patients, it is important to assess the effect of
the interventions not only on clinical aspects, but also from the point of
view of the perceived health state. The QoL conceptual framework, the
type of tools for measuring QoL and the trials that applied QoL measures
as outcome variables in PD are reviewed in this article.

=> FIL STNGUIDE

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
	ENTRY	SESSION
FULL ESTIMATED COST	62.47	85.48
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE	TOTAL
	ENTRY	SESSION
CA SUBSCRIBER PRICE	-4.38	-4.38

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FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Apr 29, 2005 (20050429/UP).

=>

---Logging off of STN---

=>

Executing the logoff script...

=> LOG Y

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
FULL ESTIMATED COST	ENTRY	SESSION
	1.80	87.28
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE	TOTAL
CA SUBSCRIBER PRICE	ENTRY	SESSION
	0.00	-4.38

STN INTERNATIONAL LOGOFF AT 10:04:29 ON 06 MAY 2005